TRAUMA - PEDIATRIC
(Less Than 15 Years of Age)

Any critical trauma patient (CTP) requires expeditious packaging, communication and transportation to the most appropriate trauma hospital. In Inyo and Mono Counties, the assigned base station should be contacted. If not contacted at scene, the receiving trauma hospital must be notified as soon as possible in order to activate the trauma team.

FIELD ASSESSMENT/TREATMENT INDICATORS

Trauma Triage Criteria and Destination Policy #15030

PEDIATRIC TREATMENT PROTOCOL: TRAUMA

Base Station Contact Shaded in Gray

BLS INTERVENTIONS	LIMITED ALS INTERVENTIONS
• Assess environment and extrication as indicated • Ensure thorough initial assessment • Ensure patient airway, protecting cervical spine • Axial spinal stabilization as appropriate • Oxygen and/or ventilate as needed, O_2 saturation (if BLS equipped) • Control obvious bleeding • Keep patient warm and reassure • For a traumatic full arrest, an AED may be utilized, if indicated • Transport to ALS intercept or to the closest most appropriate receiving hospital • Assemble necessary equipment for ALS procedures under direction of EMT-P and/or assemble pre-load medications as directed, excluding controlled substances.	• Advanced airway as indicated **Unmanageable Airway:** Transport to the closest most appropriate receiving hospital when the patient requires an advance airway: An adequate airway cannot be maintained with a BVM device. • Apply AED • IV Access: Warm IV fluids when avail *Unstable:* Vital signs (age appropriate) and/or signs of inadequate tissue perfusion, start 2nd IV access. o Administer 20ml/kg NS bolus IV, may repeat once. *Stable*: Vital signs (age appropriate) and/or signs of adequate tissue perfusion. o *Maintain* IV NS rate at TKO.

BLS Continued	***Limited ALS Continued***
	• Transport to appropriate hospital: PEDS patients identified as CTP will be transported to a pediatric trauma hospital when there is less than a 20 minute difference in transport time to the pediatric trauma hospital versus the closes trauma hospital.
MANAGE SPECIAL CONSIDERATIONS:	**MANAGE SPECIAL CONSIDERATIONS:**
Abdominal Trauma: Cover eviscerated organs with saline dampened gauze. Do not attempt to replace organs into the abdominal cavity.	
Amputations: Control bleeding. Rinse amputated part gently with sterile irrigation saline to remove loose debris/gross contamination. Place amputated part in dry, sterile gauze and in a plastic bag surrounded by ice (if available). Prevent direct contact with ice. Document in the narrative who the amputated part was given to. • **Partial amputation**: Splint in anatomic position and elevate the extremity.	
Blunt Chest Trauma: If a wound is present, cover it with an occlusive dressing. If the patient's ventilations are being assisted, dress wound loosely, (do not seal). Continuously re-evaluate patient for the development of tension pneumothorax.	
Flail Chest: Stabilize chest, observe for tension pneumothorax. Consider assisted ventilations.	
Fractures: Immobilize above and below the injury. Apply splint to injury in position found except:	**Fractures**: **Isolated Extremity Trauma**: Trauma <u>without multisystem mechanism</u>.

BLS Continued	***Limited ALS Continued***
• **Femur**: Apply traction splint if indicated. • **Grossly angulated long bone with distal neurovascular compromise:** Apply gentle unidirectional traction to improve circulation. • **Check and document distal pulse before and after positioning**.	Extremity trauma is defined as those cases of injury where the limb itself and/or the appendicular skeleton (shoulder or pelvic girdle) may be injured – e.g. dislocated shoulder, hip fracture or dislocation. o Administer 20ml/kg NS bolus IV one time.
Genital Injuries: Cover genitalia with saline soaked gauze. If necessary, apply direct pressure to control bleeding. Treat amputations the same as extremity amputations. **Head and Neck Trauma:** Place brain injured patients in reverse Trendelenburg (elevate the head of the backboard 15-20 degrees), if the patient exhibits no signs of shock. • **Eye**: Whenever possible protect an injured eye with a rigid dressing, cup or eye shield. Do not attempt to replace a partially torn globe – stabilize it in place with sterile saline soaked gauze. Cover uninjured eye. • **Avulsed Tooth**: Collect teeth, place in moist, sterile saline gauze and place in a plastic bag.	

BLS Continued	***Limited ALS Continued***
Impaled Object: Immobilize and leave in place. Remove object if it interferes with CPR, or if the object is impaled in the face, cheek or neck and is compromising ventilations.	**Impaled Object:** Remove object upon trauma base physician order, if indicated.
Pediatric Patients: If the level of the patient's head is grater that that of the torso, use approved pediatric spine board with a head drop or arrange padding on the board so that the ears line up with the shoulders and keep the entire lower spine and pelvis in line with the cervical spine and parallel to the board.	
Traumatic Arrest: CPR if indicated. May utilize an AED if indicated.	**Traumatic Arrest**: Continue CPR as appropriate. • Apply AED follow instructions.
Determination of Death on Scene: Refer to Protocol # 12010 AEMT, Determination of Death on Scene.	**Determination of Death on Scene**: Refer to Protocol # 12010 AEMT, Determination of Death on Scene. ***-Severe Blunt Force Trauma Arrest:*** **IF INDICATED**: transport to the closest receiving hospital. ***-Penetrating Trauma Arrest***: **IF INDICATED**: transport to the closest receiving hospital. • If the patient does not meet the "Obvious Death Criteria" in the "*Determination of Death on Scene" Protocol #12010 AEMT,* contact the trauma base station for determination of death on scene for those patients who suffer a traumatic cardiac arrest in the setting of penetrating trauma, and no reported vital signs (palpable pulse and/or spontaneous respirations) during the EMS encounter with the patient.

	Limited ALS Continued • Resuscitation efforts on a penetrating traumatic arrest victim are not to be terminated without trauma base station contact. **Precautions and Comments**: o Electrical injuries that result in cardiac arrest shall be treated as medical arrests. o Confirm low blood sugar in children and treat as indicated with altered level of consciousness. o Suspect child maltreatment when physical findings are inconsistent with the history. Remember reporting requirements for suspected child maltreatment. o **Unsafe scene may warrant transport despite low potential for survival**. o Whenever possible, consider minimal disturbance of a potential crime scene. **Base Station Orders**: May order additional: • fluid boluses.

REFERENCE PROTOCOLS

Protocol Number	**Protocol Name**
9010 AEMT	General Patient Care Guidelines
10160 AEMT	Axial Spinal Stabilization
10010/10020 AEMT	King Airway Device
14040 AEMT	Pediatric Cardiac Arrest
15030 AEMT	Trauma Triage Criteria and Destination Policy
12010 AEMT	Determination of Death on Scene